

# NCI ROUTE SLIP for Personnel Actions Rev. 5/16/05

	DATE IN	DATE OUT	INITIALS
ARC Review			
Division Review (Div Name: _____ )			
Assoc Dir for Administration, OM			
Executive Officer, NCI			
Director, NCI			
Return Package to: _____ Bldg/Rm _____			

NAME: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Title \_\_\_\_\_ Div/Branch: \_\_\_\_\_

## Type of Action

New appt: \_\_\_\_ Conversion: \_\_\_\_ Pay Adjustment: \_\_\_\_

Renewal/Extension: \_\_\_\_ (Length : \_\_\_\_\_) Terminal Extension

Retention/Recruitment Bonus: \_\_\_\_ (\$ \_\_\_\_\_)

Cash Award: (\$ \_\_\_\_\_) \_\_\_\_% of Salary (if performance award) Amount in last 52 weeks: \$ \_\_\_\_\_

Other Action: \_\_\_\_\_

## Mechanism

T42: \_\_\_\_ T5: \_\_\_\_ SV/GR: \_\_\_\_ CRTA/VF: \_\_\_\_ IPA: \_\_\_\_ Commissioned Corps: \_\_\_\_

Salary: \$ \_\_\_\_\_ Band: I II III IV Tercile: 1 2 3

	EXECUTIVE SUMMARY
<p><b>Additional reviews:</b></p> <p><input type="checkbox"/> NCI Standing Committee</p> <p><input type="checkbox"/> NCC</p> <p><input type="checkbox"/> PRP</p> <p>Please state reason:</p>	

**From: (List person to whom questions should be directed)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ ARC: \_\_\_\_\_  
 Bldg. \_\_\_\_\_ Rm. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

ARC Manager's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_